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Forrester-Jones, R. and Hatzidimitriadou, E. (2007) Learning in the real world? Exploring widening participation student views concerning the 'fit' between knowledge learnt and work practices. *Assessment & Evaluation in Higher Education*, 31 (6). pp. 611-624. ISSN 0260-2938.

Link to official URL (if available):

<http://dx.doi.org/10.1080/02602930600760181>

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Learning in the real world? Exploring widening participation student views concerning the ‘fit’ between knowledge learnt and work practices

Introduction

Higher education institutions are often viewed as the main agent in reproducing or changing structures of social inequality, simultaneously nurturing social, cultural and political ‘elites’ and opening up opportunities for meritocratic social mobility. Fry et al. (2000) argue that higher education teachers contribute significantly to the formation of the next generation of workers, equipping them with the requisite knowledge and generic skills necessary to sustain and develop the national economy. Such assertions are significant to recent social policy (e.g. Modernising Social Services, DoH 1998), which prioritises the importance of an appropriately qualified social care work force. Furthermore, the Best Value initiative, an integral part of government’s approach to evaluating social services includes performance indicators for staff training and evidence-based practice (DoH 1999). More recently, the government White Paper, Valuing People (DH 2001) and Action on Mental Health (SEU 2004) both call for more highly skilled staff to facilitate the social inclusion of vulnerable adults.

This is not just a UK phenomenon. Other European member states are gearing up for changes following new European law which specifies that all health and social care professionals are to be regulated in the same way. This will result in more comprehensive education and training mechanisms including systems of continuing education (Dubois et al 2005). Changes are also occurring in the US. The Secretary of Labour, Elaine L. Chao recently announced a series of investments totalling more than \$24 million to counter health and social care labour shortages. In particular, the grants will be used to ‘enhance the

capacity of educational institutions through increased numbers of qualified faculty and new models for clinical training' (U.S. DoLETA, 2005).

Coupled with this is the UK governments' challenge that 'Higher Education must expand to meet rising skill needs' (DfES 2003 p4). To this end, the Higher Education Funding Council for Education (HEFCE) 'Widening Participation' agenda (DfEE 1999, DfES 2003) calls for more inclusive certificates enabling people who have traditionally been excluded from professional training (e.g. mature students, women and ethnic minorities) and who have previously been unable to access full or part-time education. The government's intention is to use the 'widening participation' approach to respond to the need for more qualified social care staff (DoH 1999). Social care services also make a major contribution to tackling social exclusion and at the same time, education is moving towards more inclusivity

Such a policy move is timely since up to 80% of social care workers have no formal qualifications (DoH 1999). In response to this gap in training, in 2000, the Tizard Centre, at the University of Kent, introduced a Certificate in Community Care Practice.

Funded by HEFCE, the Certificate consisted of 8 modules, covering community care issues relating to three client groups; people with mental health difficulties, people with learning disabilities and older people. The Certificate was accessible to a wide range of social care staff sectors, adult returners to education, and people with various qualifications including National Vocational Qualifications (NVQs). The programme was intended to develop individuals' confidence at relating theory to practice, which would ultimately result in 'best practice' (DoH 1999). The Certificate has since been expanded and developed into a Diploma and BA Degree in Health and Social Care. Whilst there is research in the literature

relating to professional social work education, little has been written hitherto concerning the pre-qualifying level.

The aim of this research was to explore why workers in health and social services embarked on the Certificate and the extent to which they felt knowledge learnt related to their everyday work practice. The objective was to indicate how useful more academic courses are for health and social care staff, and to find out the kinds of barriers to practicing theory learnt in the classroom students face in their 'real world' of work. This paper presents and discusses the findings of the study.

Methods

Both quantitative and qualitative methods were employed in this exploratory project. The authors adapted a self-completed structured questionnaire (originally developed by Pringle (2000) to explore influences of therapists' work), to enquire about application of knowledge learnt to everyday work practice. There were 42 items grouped in eight thematic sections: students' everyday practice; views on the course; training at work; students' workplaces; professional interests; job satisfaction; training background; and personal details.

In addition to the questionnaires, the authors facilitated four focus groups (8 students in each group) in order to explore the above mentioned issues in more depth and to triangulate the questionnaire data (Kitzinger, 1995). The research was carried out towards the end of the two year certificate and the focus groups were incorporated within a teaching session on methodology, the aim being to enable students to participate and learn about a particular methodology at the same time. To this end, a presentation on the definition, nature and utility of focus groups was provided by the authors at the start of the session (15 mins) after which

the students participated in the 45 minute focus group discussions. There was also an opportunity for students to use new knowledge learnt on focus group methodology in their final assignment.

Sample

Participants were from the same student cohort, 25 in total (22 women and 3 men). Half of them were 31 to 40 years old (n=13, 52%), while 5 (20%) were aged under 30 years, 4 (16%) were aged 41 to 50 years and 3 (12%) were 51 years and over. They were from a range of professional backgrounds including support staff working in residential (n=14, 56%) and domiciliary (n=4, 16%) and other (n=7, 28%) services for people with learning disabilities, mental health difficulties or older people, as well as house managers and informal (unpaid) carers. The vast majority of them were in full or part time employment (n=24, 96%).

Analysis

The quantitative data were analysed using the Statistical Package for Social Sciences (SPSS) while the focus group sessions were tape recorded, transcribed and analysed by applying thematic content analysis; qualitative responses were categorised independently by both authors with a high degree (90%) of agreement. In the discussion of findings, quantitative frequencies reflect a breakdown of answers within the total sample, whereas frequencies of qualitative responses refer to the level of group agreement with a particular theme. For the purposes of this paper, the authors present quantitative findings selectively and in conjunction with the qualitative responses in order to demonstrate the agreement of both types of data¹.

¹ In Tables I-III, frequencies referring to qualitative findings from the focus group discussions represent the percentage of participants who agree with a specific theme discussed in the group; therefore, the same students may agree with more than one issues presented in the focus groups section of these tables.

Findings

Factors motivating care workers and managers to academic study

INSERT TABLE I HERE

Students' reasons for attending the course were mainly related to employment and personal development. Almost half of them (n=12, 48%) attended in order to learn new skills while 20% (n=5) wanted to increase their work knowledge. Findings from focus group discussions indicated that the main reasons for enrolling on the Certificate were to gain a qualification (n=22, 88%), for personal development (n=18, 72%), and to link theory to practice (n=9, 36%) (Table 1). Expanding on the issue of qualification, during the focus group sessions, students highlighted the fact that government policy stipulated a qualified workforce:

'I was aware of the fact that there was a move to have care workers with some sort of qualification within the next couple of years'

'By the year 2000 half the workforce is supposed to be trained...'

Participants also felt that the certificate would offer either further career opportunities as reflected below:

'...once you've got your certificate under your belt then all these doors open up and perhaps you could do like, a career change'

'...if I wanted to go to another house for the elderly, I'd have a piece of paper that said yes, I could, that my skills are transferable, whereas at the moment, all my experience means nothing'

or personal progression, which enhanced self-confidence and self-esteem:

'I wanted some self-development time...I wanted to prove myself'

'I wanted to do it to better myself not just for work but for the personal thing as well because I didn't do too good at school when I was 16 and now I am a lot older and I am ready to learn'

Responses related to students' perceptions of linking theory from the certificate to their practice, also emphasised the usefulness of the academic nature of the course:

'I wanted to do something that was academic instead of just having an extremely boring job...I wanted to learn everything, all the theories behind Community Care Practice, where it came from, where it is going, things like that...'

'I wanted to see what was behind community care because there seem to be so many different points of view about it so I wanted to have a good grounding in community care and the theory of it so that when I went to work, I would understand why I was being asked to do things because sometimes I didn't quite understand why I was being asked to do something'

Using theory in everyday care practice

INSERT TABLE II HERE

Data from the questionnaires indicated that 76% of the student group believed that theory learnt on the Certificate had influenced their everyday practice in the last 6 months and a high number of them (84%) disagreed with the statement that theory learnt had little relevance to their practice (Table II). In a range of 1 to 4, students scored highly the value of the Certificate in terms of interest (mean = 3.63) and relevance to the everyday practice (mean = 3.43), despite the fact that they acknowledged its relatively low status (mean = 2.86) in terms of professional recognition.

Qualitative evidence confirms these views. In particular, more than half (n=14, 56%) of the student group referred to the development of a greater insight into client needs as a result of the course:

'I am now very much more in tune about how and why they [clients] react in certain ways which is interesting as I wouldn't have perhaps seen these things before. I am now picking them up and realising why they are doing these things. The theory from the certificate is making me see things in a much clearer way'

'It really helps to have knowledge about the client group. For example, I was involved in a situation where this particular person was really presenting lots of challenges and we set up guidelines and all sorts of support and looked at changing routines'

This, in turn, helped students to support clients in a more pragmatic way as illustrated below:

'Part of the philosophy for the house is to like, support and re-integrate them back into either employment, voluntary work, training or education, whatever, so me actually going on a certificate, I can actually support the members, because some members are actually thinking of going back into education...'

'...the theory empowers you because it actually validates what you believe, and you can move forward and it will be different, whether you're at your current organisation or somewhere else, where you'll be valued, for your, for your beliefs...'

Almost all students (n=24, 96%) referred to the fact that they felt equipped with new knowledge about community care and they were more likely to question and change their own practice:

'...it's difficult to go into the workplace now and let things go where as before you used to think 'oh right, I don't know any better' or 'I'm not confident of where I'm coming from'. Once you've been on the certificate and you've done some of it, your confidence rises and that can get you into conflicts and its conflicts of conscience as well as working practices.'

This newly gained knowledge, however, led some students to dissatisfaction of their working environment (with a few participants deciding to leave services) as well as conflicts between on the one hand, students wanting to disclose to managers perceived organisational and practice problems and, on the other hand, risks of being unpopular with their work colleagues. The following quotes illustrate these dilemmas:

'I think it's a positive certificate and it highlighted to me a lot of areas within the company that I work that are wrong and I have brought that to the attention of my manager and service manager. They do not like you bringing it to their attention so it puts you in a bad light so I'm not the favourite person in the Trust at the moment...'

'My gripe is that because I work for a private agency. I've realised it's a moneymaking organisation and it makes money on vulnerable people, and because it makes money, it cuts corners. And it doesn't benefit the clients in the community, and

that's why I've decided that I am going to leave because I can't work with them any longer...I've given in my notice.'

Furthermore, students felt that they had gained knowledge about issues connected with needs such as their rights as citizens. This is highlighted below:

'It makes you aware of the issues around privacy and their rights'

Another quote also illustrates the growth of student confidence to speak up for service user rights and advocating on their behalf:

'I've also had a personal experience because my brother has a learning disability and he was totally isolated and there were a number of problems that he had, and I actually mentioned to them [service providers] that I was doing this certificate, and he has got an awful lot more than he would have had if they didn't know that I had the knowledge behind what I was requesting for him. So he's got meals on wheels, which they had never thought about. He had been without a cooker since, umm March, because he hadn't had the courage to tell them that his cooker had broken, and they were telling him he was eating the wrong foods but he couldn't cook anything, so he could only have cakes and biscuits and things. His toilet had been blocked for some time and he didn't know how to work the central heating, so he hadn't had any heating all through last winter and they were quite shocked because they didn't know this, because they hadn't actually asked him and I had actually used some of the skills that I've learnt on the certificate, to interview my brother to find out what he wanted. And there was an awful lot of things that we've actually got moving and we're still having meetings now every month... with his care manager to make sure that what we've put into place actually happens'

More than a third (n=10, 40%) of all student responses related to their ability to transfer knowledge learnt to the public:

'I seem to speak up more now in the home [service]. I don't like what goes on there now, I mean if I don't agree with something I speak up so I'm not very popular at the moment'

Interestingly, a few students stated that their status as a university student enabled them to voice more freely their opinions about practices in the workplace and were listened to by their managers:

'I don't know if the word is Kudos or...something like that, about doing a certificate that obviously management are taking note of and that's quite interesting'

For other students, the ability to transfer knowledge gained from the certificate to their family as well as the wider public was an end in itself, as exemplified by these two quotes:

'I go home and tell my husband about it...and discuss it...he thinks along the lines of me now...'

'I don't think it's just in your practice, I think it's in your home life, you know, different views on things. I must give you an example. I had my nan to stay with me a couple of weeks ago and she's 89 years old and in a wheelchair... and I took her to Maidstone shopping and we went into the centre, went for a cup of tea but after I bought the tea, we were asked to move because the wheelchair was in the way. Now there were loads of people around us, and everybody was getting really 'stropky'. The first thing I said was "you don't talk to the wheelchair, you talk to the person" which I've never thought about before, you know, I get angry when I think about it now...I wasn't going to take it and I wrote to the Kent Messenger [local newspaper] this week and I demanded my £1.80 back after we drank the cup of tea and I made a point of asking everybody around me, you know "has anybody got a problem with the wheelchair, you know being in the way or is it blocking the aisle... you know, and it wasn't"

Barriers to putting theory into practice

INSERT TABLE III HERE

The student questionnaires revealed a number of barriers which hindered them from using their newly gained knowledge in care practice. These included: lack of time to read and reflect (n=12, 48%), insufficient resources for improving practice (n=10, 40%), heavy workloads (n=9, 36%) and poor access to reading material in the workplace (n=9, 36%). Similarly, focus group data showed that the majority of students (n=24, 96%) identified the major barrier to be their service managers who had the decision-making power and did not allow for changes. This experience resulted in student frustration and feelings that whilst they could contribute to service improvement they had no authority to enact modifications and progress. Such scenarios are illustrated well below:

'The problem is that you can't actually make changes yourself with a client. Obviously you can implement some of the theories we have learnt but making changes when you think something is wrong is up to the Care Manager. That is one of the barriers there is that the care manager makes the assessment and makes the decisions'

Time constraints linked to home/work balance were also mentioned by students as a significant barrier. They felt that they had little time to reflect or 'think issues through' because they were having to maintain and balance many different tasks such as domestic roles, full or part time employment, and childcare as well as studying,. Such pluri-activity resulted in stress and a need for social support as illustrated below:

'...time to do the certificate and to work and to have a home life - it becomes really difficult and you have to have the support of your family to be able to do it. You have to have your husband that will maybe cook the odd dinner...'

Student perceptions about the focus group session

INSERT TABLE IV HERE

Finally, students were asked what they thought about the focus group session as a way of exploring the issues around the fit between knowledge learnt and everyday practice. Table IV shows that all of the participants were positive about the session and enjoyed the class and 38% (n=12) stated that it provided an opportunity to share experiences and problems of linking theory to practice in their work place as exemplified in the quote below:

I think it is useful to have these groups and maybe we should do them more often because it is acting on what we've learnt and you know sometimes we get tied up with our lectures and getting our coffee and things and we don't actually...well, we talk over coffee, we don't actually sort of have an opportunity to air problems that we are experiencing you know...we're having the same problems and we might not have realised it, that we're all having the same difficulties...

Discussion

The adapted questionnaire proved useful for systematically recording quantitative data concerning how useful students found the certificate for their everyday practice substantiating this type of methodology as appropriate to use with students (see Forrester-Jones 2003). Focus group methodology has a good track record for gaining formal and informal carer and user views of services for people with learning disabilities (Cambridge and McCarthy 2001, Carpenter et al 2001, Forrester-Jones et al. 2002).

The focus group sessions used in this study provided an opportunity for participants to crystallise and explore in great depth, views given in the questionnaires (Race et al. 1994, Bowling 1997) within the safety of a small group. The climate of the group was open, trusting and supportive, the small size (8 members) of the groups ensuring ongoing conversation and opportunities for expression which may be lost in larger group settings (Stewart and Shamdasani 1990). At the same time, the group size helped avoid problems of very small units (e.g. 3 members) such as over-dominating individuals (Durie 1996) or embarrassment of participants who feel obliged to contribute (Vaugh et al. 1996). This more qualitative methodology also allowed for triangulation of data (Jick 1979) and to check validity of the quantitative data (Gibbs 1997). Data from the focus groups was also more user-defined (Carpenter et al. 2001) rather than researcher-delineated. However, the small numbers of participants in this study meant that the data were limited in terms of the degree they could be generalised.

It has been argued (Pringle 2000) that training in research methods has an impact on professionals' attitudes towards research and their predisposition to use research-derived knowledge to effect change in their workplace. The use of research methodology in practice

within a research project framework proved a successful teaching and active-learning mechanism. Students reported at the end of the focus group sessions that they had enjoyed this alternative way of learning, which enabled them to 'act on what we've learnt'. This sort of approach to teaching which allowed non-traditional students to gain first-hand involvement of a research project was invaluable in terms of its practical relevance to their work. Hart (1990) similarly argues that experiences learners and instructors bring to the classroom positively influence joint knowledge construction and Cowman and Grace (2000) stated that a focus group strategy responds well to non-traditional students' learning needs with the aim of building 'bridges between the teachers and students' understanding'. Although it cannot be assumed that such a teaching approach is totally democratic (Hansen et al 2001) since students did not participate at every stage of the research process, it did fit into what Fry et al (2000) advocate as a more relevant, non-hierarchical relationship between the activities of learning and scholarship than have been experienced by students in receipt of more traditional methods such as straight lecturing with little explorative discussion. Its merits have led to further use within the Certificate course.

Results showed students were keen to embark on academic study mainly to learn new skills and gain a qualification. Qualitative comments indicated students were aware of the need for those employed in health and social care to be formally qualified (DoH 1999). Thus, the government's concern '...that levels of training and qualification in the learning disability workforce remain low', (DH 2001 p22) and their directives for a more academically trained workforce are at least being acknowledged. More interestingly and perhaps significantly was the perception by fewer students (20% from questionnaires) that the certificate would increase their work knowledge and (36% from focus group) that the motivation to do the certificate was to further their understanding of community care and theory for practice.

Given government priority to generic care skills (TOPSS 2000 in Mansell et al. 2002) this highlights a need for more service commitment to the promotion of academic learning if we are to avoid staff working in a theoretical vacuum which can lead to feelings of frustration, isolation and abuse of clients (Eastman 1998, Brown 1997-8, Cambridge 1999, Forrester-Jones 2002).

Whilst only 16% of those answering the questionnaire stated that they embarked on the certificate to improve their career prospects, a larger percentage (72%) of the focus group participants reported that personal development was a main motivator, it being an important element of students' self-awareness and enhanced self-esteem but also a crucial factor of their growth and empowerment as care professionals. Perceptions of self-efficacy are of high significance in the process of developing professional identity and competency (Braye and Preston-Shoot 1995). Ainley (1996) in his study of two different universities argues that mature non-traditional students who often feel education provides them with a 'second chance to prove themselves' value and take their studies more seriously not only for the expansion of knowledge but also the growth in confidence they gain through personal and group learning. In this study, student's perceived career progression was linked to changing jobs rather than changes within their service. Further, only 12% of students said studying for the certificate was an expectation of their managers/services. This indicates that students may view personal development as more attainable than promotion within their workplace. There is clearly a need for in-built rewards for staff who gain qualifications if services are to benefit (by keeping qualified staff) from their educational investments.

More promising was the high proportion (76%) of students who believed that theory learnt on the certificate had influenced their practice, sighting a greater understanding into client

needs and rights which facilitated a more pragmatic and meaningful approach to providing support to clients. Learning to underpin care practice with theory also fits into policy agendas for services which work on evidence based practice (DoH 1998, 1999).

Almost all participants (96%) stated that they were more likely to question and change their own previous practices, adding that academic knowledge learnt enabled them to 'speak out' their views in the workplace, affording a degree of empowerment. Similar findings were reported by Ainley (1994) in which students interviewed stated that their education had enabled them to understand the world as an ideological construct leading to a questioning of received ideas and behaviours. Characteristic of the learning process for the certificate were group discussions, problem-solving exercises and presentations. Such learning which is emancipatory in nature aims to free learners from the forces that limit their options and to move them to take action and bring about social and political change (Cranton 1994, Inglis, 1997, Imel, 1999). It is likely that transferable skills including communication also provided individuals with new confidence in the workplace with over half of the research cohort reporting that they had gained greater awareness of their client's needs, 100% stating they were now able to advocate on their clients behalf, and 40% saying they felt confident enough to inform their services and the general public about community care issues. Cascading of knowledge to other members of staff as well as the public is also advantageous in terms of dispelling prejudiced views of vulnerable adults (Jones 2000).

Nevertheless, such changed views and behaviour of the participants in this study were not always welcome or endorsed by their services, almost half reporting in the questionnaires that they had received disinterested or negative responses from their services. Similarly, almost all (96% reporting in the focus groups) said that service managers acted as a barrier to

implementation of possible changes. This linked to feelings of powerlessness in the workplace with just over a third 36% reporting they had ‘no voice’ to air service problems and possible resolutions. This sometimes caused a dilemma for students – did they stay in their jobs and attempt to change practice from within the service or did they simply move on, thereby leaving the service to continue in the same vein? It has been widely recognised that mature students face difficulties once they have been educated in relation to previous held ‘conventional wisdom’ not only concerning their workplace but also their personal lives (Ainley 1994). Students can therefore find it hard to implement new knowledge and challenge bad practice and/or stereotypical thinking in their social milieu because whilst they have ‘travelled a long distance’ and changed their ways of thinking, others including personal social contacts have not. Good quality staff development provision, according to Braye and Preston-Shoot (1995) should adopt adult learning principles, especially in the context of values learning. They argue that:

“the need for support and encouragement to confront personal values and to change behaviour that is deeply ingrained; the recognition of past and current discriminatory and devaluing experiences and of power dynamics in workplace relationships, which can act as barriers... must be addressed” (1995:74).

Linked to the above barriers were insufficient resources including reading material to put theory into practice. Again, if services are to capitalise on educating their staff, sufficient supporting resources are necessary.

Finally, work/life balance was something students found difficult, having to engage in pluri-activity. Time-management was a part of the certificate course but clearly there is a need for on-going self-monitoring of this issue which could be addressed during tutorials and group discussions both within the academic course and with service managers.

In conclusion, the research found widening participation student's perceived the knowledge learnt on the Certificate to be highly relevant to their work practices. In particular, theory gained resulted in social care workers questioning conceived wisdom and accompanying practices. Students felt empowered to voice their opinions and to push for change, although organisational barriers often frustrated these attempts. Nevertheless, the study indicated that adult learners benefit from emancipatory learning not only professionally but also in terms of personal growth therefore and the Certificate remains a positive development. However, if services are to profit from educating their staff they would do well to observe the following recommendations:

- Students were mainly embarking on the Certificate to gain qualifications and personal development. Whilst these are good reasons within themselves, the basis upon which services encourage staff to study academic courses should be an acknowledgement that practice must be underpinned by theory.
- In order to capitalise on funded education, services should encourage/request students to cascade knowledge learnt to other staff, for example via workshops and presentations
- There is a need to create a more educational/academic culture within services, reflected by government policy. Only then will the 'fit' between theory and practice be truly realised.

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Table I. Factors motivating care workers and managers to academic study

	N	%
<u>Questionnaires:</u>		
The opportunity to learn new skills	12	48
To increase my work knowledge	5	20
To improve my career prospects	4	16
My manager expects it	3	12
To meet colleagues	1	4
<u>Focus groups:</u>		
Qualification	22	88
Personal development	18	72
To link theory to practice	9	36

Table II. Using theory in everyday practice

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<u>Questionnaires:</u>	Agree	Unsure	Disagree
The knowledge learnt from lectures has influenced my practice in the last six months	19 (76%)	4 (16%)	1 (4%)
The knowledge learnt from lectures has little relevance to my everyday practice	21 (84%)	2 (8%)	1 (4%)
How do you view the Certificate? (Range = 1-4)	Interest 3.63	Status 2.86	Relevance 3.43
<u>Focus groups:</u>	N	%	
Question and change own practice	24	96	
Advocating for clients	25	100	
Greater awareness of client needs	14	56	
Informing services/general public	10	40	
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Table III. Barriers to putting theory into practice

	N	%
<u>Questionnaires:</u>		
Lack of time to read and reflect	12	48
Insufficient resources for improving practice	10	40
Heavy workload	9	36
Poor access to reading material in workplace	9	36
Disinterest from management	7	28
Negative reaction from other colleagues	5	20
Other	3	12
<u>Focus groups:</u>		
Service managers	24	96
Home/work balance	10	40
Lack of power/having no voice in workplace	9	36

Table IV. Experience of focus group session

	Total (n=32)	%
Opportunity to share experiences & problems	12	38
Enjoyable class	32	100

Learning in the real world? Exploring widening participation student views concerning the ‘fit’ between knowledge learnt and work practices

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Summary

The aim of this research was to explore why workers in health and social services embarked on a Certificate in Community Care Practice and the extent to which they felt knowledge learnt related to their every-day work practice. The objective was to indicate how useful more academic courses are for health and social care staff, and to find out the kinds of barriers to practicing theory learnt in the classroom students face in their ‘real world’ of work. Data was collected from 25 mature students (over half were between the ages of 41-50 years), 3 of whom were men from a range of professional backgrounds including support staff working in residential and domiciliary services and informal (unpaid) carers for people with learning disabilities, mental health difficulties as well as older people. Quantitative (an adapted questionnaire) and qualitative (focus group session which was an integral part of classroom learning about research methodology) methods were employed. Data analysed using SPSS and thematic analysis. Findings indicated that the main motivators for study were to gain a qualification and personal development. Students reported their increased desire to link theory learnt which they found highly relevant to their everyday practice but organisational barriers sometimes precluded them from doing so. The paper ends with policy and practice recommendations.

Notes on Contributors

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Rachel is Lecturer in Community Care at the Tizard Centre, University of Kent. She led curriculum development of the Certificate in Community Care and her teaching responsibilities are now on the Diploma in Applied Psychology of Learning Disability. Her main research interests include: community care outcomes (mental health, learning disabilities); social networks and social support; social inclusion; social environments; supported employment. She is co-consultancy manager for the Tizard Centre. Rachel is also Master of Rutherford College at the University of Kent.

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Eleni is Lecturer in Community Psychology at the Tizard Centre, University of Kent. She helps manage and teaches on the Certificate in Community Care Practice and the European MA in Migration, Mental Health and Social Care. She previously worked as a Research Associate at the Department of Psychology, Aristotle University of Thessaloniki, Greece from 1990 to 1995, in several research projects: refugees and psycho-social adjustment to a new country; Greek standardisation of WISC-R (IQ test); AIDS and the use of drugs among high-school students. She also worked as a cognitive-behaviour therapist in the statutory and private sector. Her research interests are varied and include: self-help/mutual aid activities for disadvantaged people; user empowerment and self-advocacy; older people and community support systems; refugees and mental health; cross-national research.